

### CANDIDATE COMMITTEE

FOR OFFICIAL USE ONLY

CANDIDATE COMMI	MEE	
COVER PAGE		ent covers From: 10/22 to 11-26
aport must be legible, typed or printed in ink e treasurer (or designated record keeper) an	d candidate.	last Name M.I.
Committee I.D. Number		DIA JOHN
[3/050	4a. Office Soul	pht including District # or Community Served (If applicable)
Committee Name	CIT	TY COUNCIL - STERLING HTS
CTE JOHN ST	PICA 4b, County of	
	6. Treasurer's	5 Name & Residential Address
Committee's Mailing Address	, ' h	
38322 Phyllis Co	IST T	
Sterling HOS. MI	48217	
(586)264	1-0751	
the address in this box is different from the	ommittee	
Area Code and Phone the address in this box is different from the claiming address on the Statement of Croaniza e sent to this address by the filling official.	tion, mair may Area Code &	ed Record keeper's Name and Mailing Address (If the committee has a Record keeper)
. Treasurer's Business Address	8, Designated Designated	Record keeper)
		50 € N
		6m6 2 FRE 2
		7C 7C
Area Code and Phone	Area Code	and Phone
9. TYPE OF STATEMENT		Coverage Year)
9a. Pre-Election OR	9b. Post-Election	9c. Annual Statement (
Pro-Closes		9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
Pre-Election or Post-Election Statement re	slates Io:	
i io manarati	General	9e. Dissolution of Candidate Committee
Primary		Effective Date of Dissolution
Convention	School	
	Caucus	By checking this item, I/We certify that the committee has no assets or
Special	<u></u>	By checking this item, I/We certify that the contributes have request that if outstanding debts, including late filling fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for
Date of Election, Conv	antion or Caucus	the Reporting Waiver.  Note: The disposition of residual funds must be reported on Schedule
11/6	10-1	
a committee that does not have a Reporting	ig Waiver must file all required Can	npalgn Statements. The Campaign Statements must include all applicable no outstanding debts count against the \$1,000 Reporting Walver threshold outstanding debts count against the \$1,000 Reporting Walver threshold. It is not received on or less statement. If a request for a Reporting Walver is not received on or less statement.
Schedules. Direct contributions, in-kind contributions in kind contributions in terms 2.4	5, 8, 7, or 8 has changed since the campaid accompany this Campaid	ie information was shown on the committees Statement or organization of the committees Statement. If a request for a Reporting Walver is not received on or ign Statement.
amendment to the Statement of Organizat before the filling deadline of a required	ampaign statement, that campai	indiging statements of the same statement of Organization, an individual statement of Organization, an individual statement. If a request for a Reporting Walver is not received on or light statement cannot be walved.  In statement cannot be walved.
10. Verification: I/We certify that all reasons	able diligence was used in the prepare true, accurate and complete.	paration of this statement and attached schedules (if any) and to the best of
Current Treasurer or TOH	Chan . I	An
Designated Record keeper  Type or Pri	of Name S	ignature
Туреоги		1 12-6-67
Candidate	Space / W	DateDate
Type or P	TUIL Haine	Signatuge
	6	



1. Committee I.D. Number 137850

2. Committee Name CTE JOHN SPICA

SUN				
CANDIDA	TE	COI	<u>IMN</u>	TEE

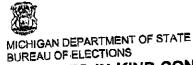
SUMMARY PAGE	2. Committee Name	
CANDIDATE COMMITTEE	Column I	Column II
RECEIPTS	This Period	Cumulative this election cycle
3. Contributions	133.00	
a. Itamized (Schedule 1A - Column 6)	(32.) \$	_
b. Uniternized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	(18.) \$ <u>5,817.00</u>
c. Subtotal of "Contributions"	(3c.) \$	(19.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 133.00	(20.)\$ 5,817.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		(21.) \$
6. In-Kind Contributions (Schedule 1-iK, Column 7)	(6.) \$	(22.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 8)	(7.) \$	(22.) 4
EXPENDITURES	24	
8. Expenditures	620. <sup>36</sup>	İ
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 18-G)	(8b.) \$	110 - 61
c. Unitemized (less than \$50.01 each - no Schedule)	(Bc.) \$ 620,36	(23.) 5 4,823.86
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) 4
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Uniternized (less than \$60.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ BALANCE STATEMENT	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	76.00 = 796.36
(Add lines 9 and 11) 17) ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>817.14</u>	•

# ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number 137850
2. Committee Name CTE JOHN SPICA

GARDINATE CONTINUE TO A STATE OF THE PART	6. Amount	7. Cumulative for
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate it contribution is from a Political Committee or an independent Committee. (PAC) Report all contributions from committees regardless of amount.	D. Pattourn	Election Cycle for Each Contributor (Through date of receipt)
1		date of toodigs)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 6/5/01		
Address: 2752 11 Jun DS00 - TO	79_	
Address: 2752 WINDSee TRey MI 48085 5. If over \$100.00 cumulative, please provide:	//	
Occupation Employer	<b>1</b>	
Business Address		1
Type of Contribution: Direct Loan from a person Loan Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 16/30/07 Name: C3G PUBLISHING (REFWD)		
Address: 13650 11 MILE WARREN MI 48089	54-	
5. If over \$100.00 cumulative, please provide:	J'	
Occupation Employer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Recelpt? YES 4. Date of Receipt Name:		
Address:		
5. If over \$100,00 cumulative, please provide:		
Occupation Employer		
Business Address	ŀ	
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution #4 PAC Receipt? YES 4. Date of Receipt  Name:		
Address:		
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	133 -	
(confice a six manifold)	133-	
	<del>-</del>	

Enter this total on line 3 of Summary Page.



Page \_\_\_\_\_ of \_\_\_\_

#### ITEMIZED IN-KIND CONTRIBUTIONS 1, Committee 1, D, Number /37850 SCHEDULE 1-IK CANDIDATE COMMITTEE

2. Committee Name CTE JOHN SPICA

CANDIDATE COMMITTI	EF Starting	7. 7.11100	8. Cumulative
A direct from whom received	4. Type of In-Kind Contribution (Check applicable box)	Fair Market	for Election Cycle (Through
if contribution is from an incividual, efficient	5, Date of Receipt	vanuc	date in Item 5)
	6. Name & Address of Vendor from whom goods or services were		
is from a Political Community called PACs).  Committee (Both are commonly called PACs).  Report all in-kind contributions.	nurchased		
Contribution # 1 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated		!
Name JOHN SPICT	Goods Donated on Burchased by Candidate or Others		
Address: 3/322 phillip of	Goods or Services Purchased by Candidate of Others's Love	17600	
If over \$100.00 cumulative, please provide:	Description Election neight Food	,	
If over \$100.00 cumulative, please provides. Occupation:			
	5. Date Of Receipt: 1/- 6-0)		
Employer:	6. Vendor Name & Address: Ventimiglia		
Business Address:	Italian FOODS		
Contribution	35197 DODLE PARIL ST. 1775		<u>,                                     </u>
Fund Raiser Contribution  Contribution # 2 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan		
Contribution # 2 PAC Receipt? 1 195 Name	Goods Donated or Loaned Services Donated		
	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN		
Address:	1 —		
if over \$100.00 cumulative, please provide:	Description		
Occupation:	5. Date Of Receipt:		
Employer:	6. Vendor Name & Address;		 
Business Address:		Ì	1
Fund Raiser Contribution	4. Endorsement or Guarantee of Bank Loan		
Contribution #3 PAC Receipt? Yes	Coods Donated or Loaned Services Donated		
Name	Goods Donated to Purchased by Candidate or Others		
Address:	Goods of Services Purchased by Candidate or Others- LOAN		
If over \$100.00 cumulative, please provide:	Description		
Occupation:	5. Date Of Receipt:		
Employer:	1		
	6. Vendor Name & Address:		1
Businesa Address:			
Fund Raiser Contribution		15.0	
	Page Subtotal	1760	
	Grand Total of all Schedules 1-li (Complete on last page of Schedule	1760	
	(Collibrate on was base as a second	Enter this total	
		on line 6 of Summary	
		Page	



Page \_\_\_\_\_ of \_\_\_

# ITEMIZED EXPENDITURES

ITEMIZED EXPENDITURES	. Committee 1, D. Number
CCHEDULE 1B	2. Committee Name CTE John S/ICA 2. Committee Name CTE John S/ICA 3. Date 6. Amount
3. Name and address of person or vendor to whom paid	4. Purpose (Describe special may assign an Expenditure Code)
3. Name and address of person of	may assign an Expenditure Code)  Electron muff 11107 s 17600  Date  Purpose: Click Here for Merro Itemization Typic
White Hall	Date
Name TOH SPECT	FOOD
al II- et	Purpose:Click Here for Memo Itemization Type
Name JOH SPICA Address 38322 Phyllis of St. Hyl 48372	
SI HA 48312	Check box if this expenditure is payment of
	Check box if this experience on previous debt or obligation reported on previous statement
Fund Reiser	Stolemen
Expenditure #2	
	Date
Name	Purpose: legislation Type
	Click Hero for Memo Herrization Type
Address:	and a segment of
	Check box if this expenditure is payment of debt or obligation reported on previous
	debt or obligation reported of
Fund Ralser	SIGICINAL
Expenditure #3	
	Date
Name	Purpose:
Address	Purpose:Click Here for Memo Itemization Type
Admess	Check box if this expenditure is payment of
	Check box if this experiments debt or obligation reported on previous
·	statement
Fund Relser	
Expenditure #4	
Name	Oate
	Purpose:
Address	Click Here for Memo Itemization Type
	Total amendment of
	Check box if this expenditure is payment of debt or obligation reported on previous
<u> </u>	statement
Fund Raiser	
Expenditure #5	·* \$
Name 3	Date
	Pizpose: Click Here for Memo Hemization Typo
Address Address	
-	Check box if this exponditure is payment of
	debt or obligation reporate on province
Fund Raiser	Subtotal this page
The state of the s	Grand Total of all Schedules 1B
	Isla on last nade of Scientific
	Enter this total on line 8a of
	on interest of Summary Page

12/06/07 THU 14:10 [TX/RX NO 6801]

ITEMIZED EXPENDITURES

## SCHEDULE 1B

137850

	137000	
1. Committee I. D. Nu	CTE JUHN SPICA	
2. Committee Name	CIE VIII DI LA Amount	<del></del>

SCHEDULE 1B 2, Col	mmittee Name		6. Amount
CANDIDATE COMMITTEE	4. Purpose (Describe specific purpose and you	5. Date	6. Amoun
3. Name and address of person or vendor to whom paid	may assign an Experiditure code,	10-30	
Expenditure #1	Purpose: Advertising	to 20	, 30
Name C+G NEWSPAPER	Purpase:		474.30
Address 3650 11 MILE	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser WARREN MI 48089	statement		
Expenditure #2	Purpose: SIGN EQUIPMENT	11-5	
Experidime 42	Purpose:		15.22
Name HOME DEPOT		1	10.
Address 37000 va 12/4	Check box if this expenditure is payment of		l l
Sterling Heylts MI48312	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3	Purpose: LATE FEE	10-29	25 00
Name MACOMB COUNTY	Purpose:		d5.
Address HO N MAIN	Check box if this expenditure is payment of		1
nut Clemens mi 48043	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4	Purpose: HALL RENTAL	11-6	- 00
Name UAW LOCAL 238	Purpose; [[]]		50.
Address 39 209 MOYND	Check box if this expenditure is payment of	f	
l 1	debt or obligation reported on previous		_
ST 1752	Statement		1
Fund Raiser Expenditure #5	Purpose: LITELATURE	11-5	75-27
	Purpose:		55.
address 50711 Way Drive		of	
Address 50711 Wing Drune Shelly Trup MI 48315	Check box if this expenditure is payment debt or obligation reported on previous	~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Fund Ralser	statement		7 7 36
Litario		of this page	620.36
	Grand Total of all S (Complete on last page	of Schedule)	630.30
	(Oottilana a.		L

Enter this total on line 8a of Summary Page